

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2004**Open to Public  
Inspection**A For the 2004 calendar year, or tax year beginning**, and ending**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization**PROJECT CURE, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

**1000 NORTHFIELD COURT**

Room/suite

**160**

City or town, state or country, and ZIP + 4

**ROSWELL****GA 30076****D** Employer identification no.**52-1317559****E** Telephone number**770-569-0740****F** Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable  
trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ ☐ Yes ☐ No**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," att. a list. See instr.)

**H(d)** Is this a separate return filed by an  
organization covered by a group ruling? ☐ Yes ☐ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is **not** required  
to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **N/A****J** Organization type(check only one) ☒ 501(c) ( **4** ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000.The organization need not file a return with the IRS; but if the organization received a  
Form 990 Package in the mail, it should file a return without financial data. **Some states**  
**require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **6,597,419****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
	<b>a</b>	Direct public support	1a	<b>6,412,955</b>	
	<b>b</b>	Indirect public support	1b		
	<b>c</b>	Government contributions (grants)	1c		
	<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ <b>6,412,955</b> noncash \$ )			<b>1d 6,412,955</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)				<b>2</b>
<b>3</b>	Membership dues and assessments				<b>3</b>
<b>4</b>	Interest on savings and temporary cash investments				<b>4</b>
<b>5</b>	Dividends and interest from securities				<b>5</b>
<b>6a</b>	Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)				<b>6c</b>
<b>7</b>	Other investment income (describe )				<b>7</b>
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	8a			
	<b>c</b> Gain or (loss) (attach schedule)	8b			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			<b>8d</b>
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	<b>b</b> Less: direct expenses other than fundraising expenses	9b			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)				<b>9c</b>
<b>10a</b>	Gross sales of inventory, less returns and allowances	10a			
	<b>b</b> Less: cost of goods sold	10b			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				<b>10c</b>
<b>11</b>	Other revenue (from Part VII, line 103)				<b>11 184,464</b>
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>12 6,597,419</b>
<b>13</b>	Program services (from line 44, column (B))				<b>13 1,697,232</b>
	Management and general (from line 44, column (C))				<b>14 90,046</b>
	Fundraising (from line 44, column (D))				<b>15 4,913,963</b>
	Payments to affiliates (attach schedule)				<b>16</b>
	<b>Total expenses</b> (add lines 16 and 44, column (A))				<b>17 6,701,241</b>
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)				<b>18 -103,822</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))				<b>19 -1,580,262</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)				<b>20</b>
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				<b>21 -1,684,084</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

0 Form **990** (2004)

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ non-cash \$ )	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc.	25	168,000	100,800	33,600
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	8,630	5,178	1,726
30	Professional fundraising fees	30	673,591	168,398	505,193
31	Accounting fees	31	24,050	16,835	7,215
32	Legal fees	32	12,168	1,217	7,301
33	Supplies	33	4,994	3,496	999
34	Telephone	34	8,203	6,563	820
35	Postage and shipping	35	1,528,350	381,860	909
36	Occupancy	36	36,840	22,104	7,368
37	Equipment rental and maintenance	37			
38	Printing and publications	38	2,113,227	489,116	1,624,111
39	Travel	39	23,860	16,702	4,772
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	6,323	0	6,323
43	Other expenses not covered above (itemize): a	43a			
	b See Statement 1	43b	2,093,005	501,798	9,393
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	6,701,241	1,697,232	90,046

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ ;

(iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

▶ **SEE ATTACHED LISTING**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) &amp; (4) orgs., &amp; 4947(a)(1) trusts; but optional for others.)

a	See Statement 2	(Grants and allocations \$ )	
b		(Grants and allocations \$ )	
c		(Grants and allocations \$ )	
d		(Grants and allocations \$ )	
e	Other program services (attach schedule)	(Grants and allocations \$ )	1,697,232
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		1,697,232

**Part IV Balance Sheets** (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
<b>45</b>	Cash-non-interest-bearing	<b>148,921</b>	<b>45</b>	<b>264,497</b>
<b>46</b>	Savings and temporary cash investments		<b>46</b>	
<b>47a</b>	Accounts receivable	<b>47a</b>		
<b>b</b>	Less: allowance for doubtful accounts	<b>47b</b>	<b>47c</b>	
<b>48a</b>	Pledges receivable	<b>48a</b>		
<b>b</b>	Less: allowance for doubtful accounts	<b>48b</b>	<b>48c</b>	
<b>49</b>	Grants receivable		<b>49</b>	
<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
<b>51a</b>	Other notes and loans receivable (attach schedule)	<b>51a</b>		
<b>b</b>	Less: allowance for doubtful accounts	<b>51b</b>	<b>51c</b>	
<b>52</b>	Inventories for sale or use		<b>52</b>	
<b>53</b>	Prepaid expenses and deferred charges		<b>53</b>	
<b>54</b>	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
<b>55a</b>	Investments-land, buildings, and equipment: basis	<b>55a</b>		
<b>b</b>	Less: accumulated depreciation (attach schedule)	<b>55b</b>	<b>55c</b>	
<b>56</b>	Investments-other (attach schedule)		<b>56</b>	
<b>57a</b>	Land, buildings, and equipment: basis	<b>57a</b> 172,754		
<b>b</b>	Less: accumulated depreciation (attach schedule)	<b>57b</b> 72,936	<b>57c</b> 102,113	<b>99,818</b>
<b>58</b>	Other assets (describe <b>See Statement 3</b> )	<b>8,587</b>	<b>58</b>	<b>21,959</b>
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	<b>259,621</b>	<b>59</b>	<b>386,274</b>
<b>60</b>	Accounts payable and accrued expenses	<b>1,837,980</b>	<b>60</b>	<b>2,027,396</b>
<b>61</b>	Grants payable		<b>61</b>	
<b>62</b>	Deferred revenue		<b>62</b>	
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
<b>64a</b>	Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
<b>b</b>	Mortgages and other notes payable (attach schedule)		<b>64b</b>	
<b>65</b>	Other liabilities (describe <b>See Statement 4</b> )	<b>1,903</b>	<b>65</b>	<b>42,962</b>
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65)	<b>1,839,883</b>	<b>66</b>	<b>2,070,358</b>
<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
<b>67</b>	Unrestricted		<b>67</b>	
<b>68</b>	Temporarily restricted		<b>68</b>	
<b>69</b>	Permanently restricted		<b>69</b>	
<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.</b>				
<b>70</b>	Capital stock, trust principal, or current funds		<b>70</b>	
<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
<b>72</b>	Retained earnings, endowment, accumulated income, or other funds	<b>-1,580,262</b>	<b>72</b>	<b>-1,684,084</b>
<b>73</b>	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72: column (A) must equal line 19, column (B) must equal line 21)	<b>-1,580,262</b>	<b>73</b>	<b>-1,684,084</b>
<b>74</b>	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	<b>259,621</b>	<b>74</b>	<b>386,274</b>

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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**PROJECT CURE, INC.****52-1317559**Page **4**

<b>Part IV A</b> Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)		<b>Part IV B</b> Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b>	<b>a</b> Total expenses and losses per audited financial statements	<b>a</b>
<b>b</b> Amounts included on line a but not on line 12, Form 990:		<b>b</b> Amounts included on line a but not on line 17, Form 990:	
(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify):		(4) Other (specify):	
\$		\$	
Add amounts on lines (1) through (4)	<b>b</b>	Add amounts on lines (1) through (4)	<b>b</b>
<b>c</b> Line a minus line b	<b>c</b>	<b>c</b> Line a minus line b	<b>c</b>
<b>d</b> Amounts included on line 12, Form 990 but not on line a:		<b>d</b> Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify):		(2) Other (specify):	
\$		\$	
Add amounts on lines (1) and (2)	<b>d</b>	Add amounts on lines (1) and (2)	<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	<b>e</b> Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>
<b>6,597,419</b>		<b>6,701,241</b>	

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MICHAEL EVERS 1000 NORTHFIELD ROSWELL GA 30076	PRESIDENT 60	168,000	0	0
RICHARD REITER 1000 NORTHFIELD ROSWELL GA 30076	TREASURER 10	0	0	0
SCOTT ANDERSON 3906 W INA ROAD TUSCON AZ 85741	DIRECTOR 10	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No

If "Yes," attach schedule-see page 28 of the instructions.

Form 990 (2004) **PROJECT CURE, INC.**

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**Part VI Other Information** (See page 28 of the instructions.)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	<b>X</b>
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<b>77</b>	<b>X</b>
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	<b>X</b>
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	<b>X</b>
<b>b</b> If "Yes," enter the name of the organization <b>▶</b> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b> Enter direct and indirect political expenditures. See line 81 instructions	<b>81a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	<b>X</b>
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	<b>X</b>
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>82b</b>	
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	<b>X</b>
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	<b>X</b>
<b>85</b> 501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	<b>X</b>
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>	<b>X</b>
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	
<b>86</b> 501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b> 501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>	<b>X</b>
<b>89a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> _____; section 4912 <b>▶</b> _____; section 4955 <b>▶</b> _____		
<b>b</b> 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	<b>X</b>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> _____		0
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>▶</b> _____		0
<b>90a</b> List the states with which a copy of this return is filed <b>▶</b> <b>AL AR AZ CA</b>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	<b>90b</b>	
<b>91</b> The books are in care of <b>▶</b> <b>MICHAEL EVERS</b> Located at <b>▶</b> <b>ROSWELL, GA</b>	Telephone no. <b>▶</b> <b>770-569-0740</b> ZIP + 4 <b>▶</b> <b>30076</b>	
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here <b>▶</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶</b> <b>92</b>		

[illegible]

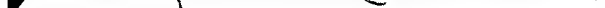
Line No. ▼ N/A	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).


(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			


(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Yes	<input checked="" type="checkbox"/>	No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Yes	<input checked="" type="checkbox"/>	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

  
Signature of officer

  
President

  
Date

1/8/10/05

**Please  
Sign**

Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Instr. W)

**Federal Statements****Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
AUTO EXPENSE	139		139	
BANK CHARGES	92,037	29,452	2,761	59,824
CAGING & CASHIERING	311,965	77,991		233,974
DATA PROCESSING	55,872	13,968		41,904
DONATIONS	100		100	
DUES & SUBSCRIPTIONS	3,859	50	3,809	
KIT FULFILLMENT PACKAGES	52,254	52,254		
INSURANCE	7,495	4,497	1,499	1,499
LIST RENTALS	952,533	238,133		714,400
MAIL HOUSE FEES	2,341	585		1,756
OUTSIDE SERVICES	14,814	14,814		
PRODUCTION FEES	45,455	11,364		34,091
STATE REGISTRATIONS	3,759	940		2,819
TELEMARKETING	544,958	54,496		490,462
UTILITIES	5,424	3,254	1,085	1,085
Total	\$ 2,093,005	\$ 501,798	\$ 9,393	\$ 1,581,814

**Statement 2 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**

LOBBYING - PROJECT CURE, INC.'S LOBBYING PROGRAM IS DIRECTED AT THE WHITE HOUSE AND CONGRESS, PROMOTING FOUR PROGRAMS: THE ALZHEIMER'S DISEASE FUND, CENTER FOR ADVANCED HEART RESEARCH, THE NATIONAL DIABETES FUND, AND THE PROSTATE CANCER FUND. AT THE CORE OF EACH OF THESE PROGRAMS IS THE BASIC PREMISE THAT AMERICA'S HEALTH CARE SYSTEM, WHICH IS GEARED TOWARD SERVING THE INTERESTS OF HEALTH CARE PROVIDERS, MUST BE RADICALLY ALTERED TO SERVE THE INTEREST OF THE AMERICAN PUBLIC. THESE PROGRAMS ENCOURAGE CITIZENS TO COMMUNICATE THEIR VIEWS TO LAWMAKERS VIA PETITIONS, LETTERS, PHONE CALLS, AND PERSONAL VISITS. MEETINGS WITH LAWMAKERS AND THEIR AIDES ARE ALSO CONDUCTED TO DISCUSS PERTINENT HEALTH ISSUES AND LEGISLATION.

EDUCATION - INFORMATION REGARDING HEART DISEASE, ALZHEIMER DISEASE, DIABETES, AND PROSTATE CANCER TREATMENTS ARE DISSEMINATED TO THE PUBLIC VIA LETTERS, BROCHURES, PRINTED MATERIAL, RADIO AND TELEVISION PRESENTATIONS AND PARTICIPATION IN SEMINARS, WORKSHOPS, AND DEBATES. HEALTH CARE PROVIDERS, MEDIA AND OTHERS INTERESTED IN EXPANDING THEIR KNOWLEDGE IN THESE AREAS ARE PROVIDED EDUCATIONAL INFORMATION IN AN EFFORT TO BROADEN THE BASE OF RESEARCH, LOOKING INTO NEW CUTTING EDGE TREATMENTS.

**Federal Statements****Statement 3 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
EMPLOYEE ADVANCES	\$ 8,587	\$ 21,959
Total	\$ 8,587	\$ 21,959

**Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities**

Description	Beginning of Year	End of Year
ACCRUED MEDICARE	\$ 203	\$ 203
ACCRUED FEDERAL WITHHOLDING	1,500	1,500
ACCRUED STATE WITHHOLDING	200	200
N/P AMERICAN EXPRESS		41,059
Total	\$ 1,903	\$ 42,962